



## Washington County Justice Court

87 North 200 East  
St. George, Utah 84770  
(435) 634-5728  
(435) 656-3003 Fax

### RECORDS REQUEST Governmental Records Access Management Act (GRAMA)

#### REQUESTOR'S INFORMATION

Requestor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

#### DEFENDANT/SUBJECT'S INFORMATION

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Docket No.: \_\_\_\_\_ Citation No.: \_\_\_\_\_  
Violation Date: \_\_\_\_\_

In accordance with the Governmental Records Access Management Act, I am requesting to  
{ } view the following documents  
{ } receive copies of the following record(s) specifically described as follows:

- |  |   |
|--|---|
| <input type="checkbox"/> Citation                          | <input type="checkbox"/> Discovery Requests and Responses |
| <input type="checkbox"/> Formal information                | <input type="checkbox"/> Plea Agreements                  |
| <input type="checkbox"/> Arraignment Formal                | <input type="checkbox"/> Judgment and Sentence            |
| <input type="checkbox"/> Motions/Orders (Specificy): _____ | <input type="checkbox"/> Notices                          |
| _____  | <input type="checkbox"/> Other: _____                     |
| _____  | _____   |

I understand the Court can only provide copies of public records.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requestor's Signature (I.D. Required)

***Please allow seven (7) business days to fulfill request.***

#### Billing

Certified Copies:	_____ documents @ \$4.00 per document =	\$ _____
	_____ pages @ \$.50 per page =	\$ _____
Photocopies:	_____ pages @ \$.25 per page =	\$ _____
Research Time:	_____ hours @ \$15.00 per hour =	\$ _____
	(first 15 minutes free)	
	<b>TOTAL</b>	<b>\$ _____</b>